A.	Kansas Department of Human Resources
	Kansas Department of Human Resources Division of Workers Compensation

ORDER FORM

	OKBEKI	Division of Workers Compensation
	December 1, 2003	■ Medical Fee Schedule -
	copies @ \$30.00 per copy = \$	Manuscript Version
	copies @ \$40.00 per copy = \$	CD-ROM Version
		Law & Regulations
	copies @ \$10.00 per copy = \$	Law & Regulations Book July, 2002
	TOTAL = \$	
	(state) (zip)	Purchaser's Name: Company Name: Mailing Address: (street) (city) Phone Number:
orders using lastercard to: 296-3606		J
orders using lastercard to:	ORKERS COMPENSATION MAN RESOURCES ON STE 600	Company Name:

K-WC 300 (Rev. 12-03)